



Medical PA Criteria Document

Medical Procedure Class:	CT of Lumbar Spine
Date:	May 1, 2007
Updated:	January 1, 2008

Executive Summary

Purpose:	To identify and discourage the inappropriate use of high tech, high cost diagnostic imaging	
Why was this Issue Selected:	<p>The indiscriminate use of expensive imaging exams for common and uncomplicated clinical presentations of the back and spine, e.g. low back pain, have contributed to the perception of low value from these studies and to the high costs in managing these conditions.</p> <p>Patients with normal radiograph results (plain film X-rays) and no neurologic signs or symptoms will usually require no further imaging. However, patients with normal radiographic results and positive neurologic signs or symptoms may require CT imaging.</p>	
Procedures subject to Pre-Certification	<ul style="list-style-type: none">• 72131 Computed tomography, lumbar spine; without contrast material• 72132 Computed tomography, lumbar spine; with contrast material• 72133 Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	
Setting & Population:	All Medicaid fee-for-service patients	
Type of Criteria:	<input type="checkbox"/> Increased risk of ADE <input checked="" type="checkbox"/> Appropriate Indications	<input type="checkbox"/> Non-Preferred Agent <input type="checkbox"/>
Data Sources:	<input type="checkbox"/> Only administrative databases	<input type="checkbox"/> Databases + Prescriber-supplied

Setting & Population

- Procedure Group for review: CT of Lumbar Spine

- Common Diagnostic Indications: Pain, radiculopathy, new or progressive neurologic symptoms or deficits.
- Clinical Studies: Have demonstrated that *uncomplicated* acute low back pain is a benign, self-limited condition that does not warrant any imaging studies.
- Considerations: Unless contraindicated, MRI is the preferred modality for most lumbar spine imaging over CT, except for a few indications such as evaluation of suspected fracture or fracture follow-up.
- Age range: All patients

Approval Criteria

Patients with any of the following diagnostic indications for MRI of the Lumbar Spine, which may include supporting clinical information:

- Persistent pain or radiculopathy, with > 6 weeks of conservative therapy and inadequate response to treatment. Note: children may not require 6 weeks
- New or progressive neurologic symptoms or deficits, e.g. motor or sensory loss attributable to lumbar spine pathology
- Signs or symptoms of spinal cord or nerve root compression, e.g. from disc herniation or spinal stenosis
- Multiple Sclerosis or other demyelinating diseases or myelopathies
- Infectious or inflammatory processes
- Possible spinal cord injury and post-traumatic neurologic deficit
- Post-operative evaluation, with new neurologic findings
- Tumor evaluation, for suspected or documented lesions
- Cauda Equina Syndrome, which may present with bilateral radiculopathy, saddle anesthesia, bowel or bladder dysfunction
- Fracture evaluation, for suspected or known fracture (CT typically is the preferred imaging modality for fractures)

Approval Diagnoses (Appendix A)				
Condition	Submitted ICD-9 Diagnoses	CPT	Date Range	Client Approval (Initials)
Persistent pain or radiculopathy with > 6 weeks of conservative therapy and inadequate response to treatment.	720.0 - 724.9, 729.2, 781 - 781.99, 782	62311, 97530, 97810 - 97814, 98925 - 98929, 98940 - 98942	12 months	
Slow or progressive neurologic symptoms or deficits (motor/sensory loss) attributable to Lumbar spine pathology	720.0 - 724.9, 729.2, 781 - 781.99, 782	NA	12 months	
Signs or symptoms of spinal cord or nerve root compression (disc herniation/spinal stenosis)	720.0 - 724.9, 729.2, 781 - 781.99, 782	NA	12 months	
Multiple sclerosis or other demyelinating diseases or myelopathies	340, 341 - 341.9	NA	12 months	
Infectious or inflammatory processes	730.9	NA	12 months	
Possible spinal cord injury and post-traumatic neurologic deficit	952.2, 952.3, 952.4, 952.9, 952.9	NA	12 months	
Post-operative evaluation, with new neurologic findings	720.0 - 724.9, 729.2, 781 - 781.99, 782	NA	12 months	
Tumor evaluation, for suspected or documented lesions	170, 192.2, 192.3, 192.8, 192.9, 198.3, 198.4, 213.2, 225.3, 225.4, 225.8, 225.9, 237.5	NA	12 months	
Cauda Equina Syndrome, which may present with bilateral radiculopathy, saddle anesthesia, bowel or bladder dysfunction	344.6 - 344.61	NA	12 months	
Fracture evaluation, for suspected or known fracture	805.4 - 805.7, 806.4 - 806.79	NA	12 months	

Denial Criteria

Patients without any of the above diagnostic indications for CT of the Lumbar Spine. Some of these requested exams may be approvable upon the submission of appropriate supporting clinical information.

- For most patients with acute low back pain, diagnostic imaging, including plain radiographs, is usually unnecessary
- Adding to the controversy, nonspecific lumbar disc abnormalities are common, and can be demonstrated readily on CT even in asymptomatic patients

- Has not had a Lumbar Spine X-ray in the last 60 days
- Have had a CT or MRI of the Lumbar Spine in the last 180 days

References

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